

**(vii)** Section 25 (relating to requirement to deliver shopper's guide).

**(B) MODEL ACT.**—The following requirements of the model Act must be met:

**(i)** Section 6F (relating to right to return). except that such section shall also apply to denials of applications and any refund shall be made within 30 days of the return or denial.

**(ii)** Section 6G (relating to outline of coverage).

**(iii)** Section 6H (relating to requirements for certificates under group plans).

**(iv)** Section 6I (relating to policy summary).

**(v)** Section 6J (relating to monthly reports on accelerated death benefits).

**(vi)** Section 7 (relating to incontestability period).

**(C) DEFINITIONS.**—For purposes of this paragraph, the terms "model regulation" and "model Act" have the meanings given such terms by section 7702B(g)(2)(B).

**(2) DELIVERY OF POLICY.**—If an application for a qualified long-term care insurance contract (or for a certificate under such a contract for a group) is approved, the issuer shall deliver to the applicant (or policyholder or certificateholder) the contract (or certificate) of insurance not later than 30 days after the date of the approval.

**(3) INFORMATION ON DENIALS OF CLAIMS.**—If a claim under a qualified long-term care insurance contract is denied, the issuer shall, within 60 days of the date of a written request by the policyholder or certificateholder (or representative)—

"(A) provide a written explanation of the reasons for the denial, and

"(B) make available all information directly relating to such denial.

**(d) DISCLOSURE.**—The requirements of this subsection are met if the issuer of a long-term care insurance policy discloses in such such policy and in the outline of coverage required under subsection

**(e)(i)(B)(ii)** that the policy is intended to be a qualified long-term care insurance contract under section 7702B(b).

**(e) QUALIFIED LONG-TERM CARE INSURANCE CONTRACT.**

**DEFINED.**—For purposes of this section, the term "qualified long-term care insurance contract" has the meaning given such term by section 7702B.

**(f) COORDINATION WITH STATE REQUIREMENTS.**—If a State imposes any requirement which is more stringent than the analogous requirement imposed by this section or section 7702B(a), the requirement imposed by this section or section 7702B(a) shall be treated as met if the more stringent State requirement is met."

**(b) CONFORMING AMENDMENT.**—The table of sections

for chapter  
43 is amended by adding at the end the following new item:

"Sec. 4980C. Requirements for issuers of qualified long-term care insurance contracts."

26 USC 4980C

**SEC. 327. EFFECTIVE DATES.**

(a) IN GENERAL.—The provisions of, and amendments made by this part shall apply to contracts issued after December 31, 1996. The provisions of section 321(f) (relating to transition rule) shall apply to such contracts.